

**Multiple Dependent Claim Fee Calculation Sheet**  
 (FOR USE WITH FORM 10/10/89 93)

APPLICANT(S) **10/10/89 93**

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy